

SERFF Tracking Number:	MXCC-125977108	State:	Arkansas
Filing Company:	Maxum Casualty Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AR-TRK-F-008		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	2009 Forms Filing (1)		
Project Name/Number:	AR-TRK-F-008/		

Filing at a Glance

Company: Maxum Casualty Insurance Company

Product Name: 2009 Forms Filing (1)

SERFF Tr Num: MXCC-125977108 State: Arkansas

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 09.0005 Other Commercial Inland Marine

Co Tr Num: AR-TRK-F-008

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Author: Belinda Randall

Disposition Date: 01/08/2009

Date Submitted: 01/08/2009

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 01/08/2009

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): 01/08/2009

State Filing Description:

General Information

Project Name: AR-TRK-F-008

Status of Filing in Domicile: Not Filed

Project Number:

Domicile Status Comments: N/A

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 01/08/2009

State Status Changed: 01/08/2009

Deemer Date:

Corresponding Filing Tracking Number: N/A

Filing Description:

Maxum Casualty Insurance Company herewith files revision to our previously approved manual for our Commercial Auto Trucking Program.

An explanation of new forms and changes to existing forms is as follows:

A002 (01/09) TRUCKING PROGRAM APPLICATION replaces A002 (09/04)

<i>SERFF Tracking Number:</i>	<i>MXCC-125977108</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Maxum Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-TRK-F-008</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>2009 Forms Filing (1)</i>		
<i>Project Name/Number:</i>	<i>AR-TRK-F-008/</i>		

This application is used when applying for insurance. It has been significantly modified and reformatted in an effort to improve readability and provide additional space for the applicant to complete requested information. In addition:

- State specific requirements were consolidated into one application; specifically State Fraud Warnings
- Questions have been added, reformatted or moved to better capture information needed to effectively underwrite exposure
- Added “Filings” Section
- Added “Lienholder (LP) and Additional Insured (AI)” Section
- Added “Comments” Section
- Changes have been made to the “Applicant Agreement and Signatures” section clarifying that the application may not be used to bind coverage.

A003 (01/09) ADDITIONAL INFORMATION SUPPLEMENT replaces A003 (09/04)

This supplement has been reformatted in an effort to improve readability and provide additional space for the applicant to complete requested information. In addition:

- Added “Insurance History and Loss Experience” Section
- Added “Comments” Section
- Added “Additional Insured” to “Lienholder (LP) and Additional Insured Information(AI)” Section.
- Removed “Employment History” Section as this information is now captured in New Venture Supplement (A053) (01/09).

A006 (01/09) PREMIUM AND LOSS SUMMARY replaces A006 (09/04)

This supplement has been reformatted in an effort to provide additional space for applicant to complete requested information.

A053 (01/09) NEW VENTURE SUPPLEMENT is new.

This supplement is completed when applying company has been in business for less than two years.

Company and Contact

Filing Contact Information

Belinda Randall, Compliance Filing Specialist brandall@mxmsig.com
6455 E. Johns Crossing (678) 597-4673 [Phone]

<i>SERFF Tracking Number:</i>	<i>MXCC-125977108</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Maxum Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-TRK-F-008</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>2009 Forms Filing (1)</i>		
<i>Project Name/Number:</i>	<i>AR-TRK-F-008/</i>		

Duluth, GA 30097

Filing Company Information

Maxum Casualty Insurance Company
6455 E. Johns Crossing
Suite 325
Duluth, GA 30024
(678) 597-4673 ext. [Phone]

CoCode: 10784
Group Code:

Group Name:
FEIN Number: 58-2281249

State of Domicile: Georgia
Company Type: PC

State ID Number:

SERFF Tracking Number:	MXCC-125977108	State:	Arkansas
Filing Company:	Maxum Casualty Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AR-TRK-F-008		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	2009 Forms Filing (1)		
Project Name/Number:	AR-TRK-F-008/		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per form filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Maxum Casualty Insurance Company	\$50.00	01/08/2009	24898389

<i>SERFF Tracking Number:</i>	<i>MXCC-125977108</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Maxum Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-TRK-F-008</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>2009 Forms Filing (1)</i>		
<i>Project Name/Number:</i>	<i>AR-TRK-F-008/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/08/2009	01/08/2009

SERFF Tracking Number: *MXCC-125977108*

State: *Arkansas*

Filing Company: *Maxum Casualty Insurance Company*

State Tracking Number: *EFT \$50*

Company Tracking Number: *AR-TRK-F-008*

TOI: *09.0 Inland Marine*

Sub-TOI: *09.0005 Other Commercial Inland Marine*

Product Name: *2009 Forms Filing (1)*

Project Name/Number: *AR-TRK-F-008/*

Disposition

Disposition Date: 01/08/2009

Effective Date (New): 01/08/2009

Effective Date (Renewal): 01/08/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	MXCC-125977108	State:	Arkansas
Filing Company:	Maxum Casualty Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AR-TRK-F-008		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	2009 Forms Filing (1)		
Project Name/Number:	AR-TRK-F-008/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	TRUCKING PROGRAM APPLICATION	Approved	Yes
Form	ADDITIONAL INFORMATION SUPPLEMENT	Approved	Yes
Form	PREMIUM AND LOSS SUMMARY	Approved	Yes
Form	NEW VENTURE SUPPLEMENT	Approved	Yes

SERFF Tracking Number: MXCC-125977108

State: Arkansas

Filing Company: Maxum Casualty Insurance Company

State Tracking Number: EFT \$50

Company Tracking Number: AR-TRK-F-008

TOI: 09.0 Inland Marine

Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: 2009 Forms Filing (1)

Project Name/Number: AR-TRK-F-008/

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	TRUCKING PROGRAM APPLICATION	A002	01 09	Application/ Replaced Binder/Enrollment	Replaced Form #: A002 (09 04) Previous Filing #: AR-TRK-F-002		A002 (1 09) Maxum Trucking Program Application.pdf A002 (09 04) TRUCK APPLICATION.pdf
Approved	ADDITIONAL INFORMATION SUPPLEMENT	A003	01 09	Election/Re Replaced jection/Supplemental Applications	Replaced Form #: A003 (09 04) Previous Filing #: AR-TRK-F-002		A003 (1 09) Additional Information Supplement.pdf A003 (09 04) TRUCK APPLICATION SUPPLEMENT.pdf
Approved	PREMIUM AND LOSS SUMMARY	A006	01 09	Election/Re Replaced jection/Supplemental Applications	Replaced Form #: A006 (09 04) Previous Filing #: AR-TRK-F-002		A006 (1 09) Premium and Loss Summary.pdf A006 (09 04) PREMIUM & LOSS SUMMARY.pdf
Approved	NEW VENTURE SUPPLEMENT	A053	01 09	Election/Re New jection/Sup			A053 (1 09) New Venture

<i>SERFF Tracking Number:</i>	<i>MXCC-125977108</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Maxum Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-TRK-F-008</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>2009 Forms Filing (1)</i>		
<i>Project Name/Number:</i>	<i>AR-TRK-F-008/</i>		

plemental
Application
s

Supplement.
pdf



TRUCKING PROGRAM APPLICATION

Entire application must be completed and signed

APPLICANT INFORMATION

Proposed Effective Date: _____ Expiration Date: _____ ☐ New Policy ☐ Renewal of Policy No. : _____
12:01 A.M at applicant's mailing address

Applicant is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ LLC ☐ Other _____

Federal ID# or SSN: _____ U.S. DOT#: _____ MC#: _____

Applicant Legal Name: _____
(If more than one Named Insured provide explanation for each in Comments, page 4)

Mailing Address: _____ County: _____

City, State and Zip Code: _____ Fire District: _____

Garaging Address (if different): _____

Additional Terminals (if applicable): 1. _____ 2. _____

Phone Number: (_____) _____ - _____ Email Address: _____

Fax Number: (_____) _____ - _____ Website (if applicable): _____

Primary Contact Person: _____ Title: _____ Phone Number: _____

Has applicant and / or owner filed bankruptcy in the past 5 years? ☐ Yes ☐ No If yes, provide date: _____

Has applicant operated under a different name and / or DOT# in the past 5 years? ☐ Yes ☐ No If yes, provide DOT#: _____

Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? ☐ Yes ☐ No If yes, provide details: _____

How many years has the applicant operated under this business name continuously? _____ If less than 2 years, attach supplement A053.

COVERAGES

☐ Auto Liability ☐ Non-Trucking Use Liability Leased to: _____ DOT#: _____

☐ Combined Single Limit (BI/PD) each accident \$ _____ CSL OR ☐ Split Limits \$ _____

☐ Liability Property Damage Deductible \$ _____ (Deductible Fund Agreement may be required on fleet accounts)

☐ Uninsured Motorists (UM) \$ _____ ☐ Underinsured Motorists (UIM) \$ _____

☐ Personal Injury Protection (PIP – No Fault) \$ _____ Are Drivers Covered by Workers Compensation? ☐ Yes ☐ No

☐ Medical Payments \$ _____ ☐ Property Protection (Michigan Only) \$ _____ ☐ Property Damage Buyback (Michigan Only)

Separate Maxum Casualty Insurance Company Uninsured Motorists / Underinsured Motorists / Personal Injury Protection selection form(s) must be completed in full and signed by the applicant when binding coverage (except for Ohio applicants).

☐ Physical Damage: Select ☐ Comprehensive OR ☐ Specified Causes of Loss \$ _____ Deductible ☐ Collision \$ _____ Deductible

☐ Non-Owned Trailer Physical Damage: Max Value \$ _____ Max # of non-owned trailers in possession at any one time: _____

☐ Trailer Interchange: Max Trailer Value \$ _____ # of Trailer Days per Power Unit: _____ # Power Units under Agreement: _____

☐ Cargo: Limit \$ _____ Deductible \$ _____ ☐ Decline Combined Deductible (Included Unless Declined)

☐ Named Shipper Endorsement: Limit \$ _____ Average Value \$ _____ Max Value \$ _____

Shipper Name: _____ Commodity: _____ % of Hauls: _____ %

☐ Rental Reimbursement: Select ☐ Stated Vehicles OR ☐ Broadened (All Units) Amount per Day \$ _____ ☐ 30 days ☐ 120 days

☐ Hired Auto Liability: Estimated Cost of Hire \$ _____ OR ☐ Contract Requirement Only ☐ Non-Owned Liability: # Employees: _____

☐ Hired Auto Physical Damage: Max Value \$ _____ # of days: _____ ☐ Hired Auto Cargo

If Hired and/or Non-Owned Coverage(s) are selected, attach Hired & Non-Owned Supplement (A001) unless contract requirement only with no hired autos in past 12 months and none anticipated for next 12 months.

DESCRIPTION OF OPERATIONS

Section I – GENERAL

1. **Type of Carrier:** ☐ Common Carrier ☐ Contract Carrier ☐ Exempt Carrier ☐ Freight Broker ☐ Other _____
2. **Operation Classification:** ☐ Trucking For Hire ☐ Trucking Private ☐ Other _____
3. **Does applicant haul hazardous commodities regulated by FMCSA?** ☐ Yes ☐ No **If yes,** Liability Limits required by FMCSA: _____
4. **Does applicant operate as a freight broker, freight forwarder or arrange loads for others?** ☐ Yes ☐ No **If yes,** provide the following:
 Brokerage Name: _____ DOT #: _____ Annual Revenue from these operations: \$ _____
 Name on the Bill of Lading? _____ Applicant have Contingent Liability Policy? ☐ Yes ☐ No
 Does brokerage agreement require the Carrier to provide Liability coverage with Hold Harmless and Certificate to applicant? ☐ Yes ☐ No
5. **Does applicant have a separate freight broker, freight forwarder operation?** ☐ Yes ☐ No **If yes,** provide the following:
 Brokerage Name / DOT: _____ Does broker use trailers owned by applicant? ☐ Yes ☐ No

Section II – COMMODITIES TRANSPORTED

Commodity	%	Average Value	Max Value	Commodity	%	Average Value	Max Value

6. **Loads are:** ☐ Truckload ☐ Less than Truckload (LTL)
7. **Percent of loads secured through:** Freight Brokers: _____% Contracts with Shippers: _____%
8. **Percent of loads to regular or fixed destinations:** _____%
9. **Do you haul containers?** ☐ Yes ☐ No **If yes,** what percentage: _____%

Section III – MILEAGE AND REVENUE HISTORY– IFTA / Mileage Pro-Rate is required on risks operating interstate

Year	Policy Term	# Units at Inception	Annual Revenue \$	Annual Mileage
Projected				
Current				
1 st Prior				
2 nd Prior				

10. **Does applicant own or permanently lease any autos NOT included in the mileage schedule(s)?** ☐ Yes ☐ No **If yes,** indicate below.
☐ Owner operators: # _____ ☐ Autos under 26,000 GVW: # _____ ☐ Autos operating intrastate only: # _____ ☐ Other: # _____
11. **Average annual miles per unit operated:** Average mileage per Tractor / Truck: _____ Service Unit: _____
12. **Percent of trips:** 0-100 miles _____% 300 miles _____% 500 miles _____% 1000 miles _____% Over 1000 miles _____%

Section IV – RANGE OF TRANSPORT

☐ Interstate ☐ Intrastate Only

INDICATE ALL PRIMARY (10% +) DESTINATION CITIES (metro and non-metro) and estimate % of hauls originating or delivered into.

Destination City, State	% Loads	Destination City, State	% Loads	Destination City, State	% Loads

INSURANCE HISTORY AND LOSS EXPERIENCE

13. In last 3 years, has applicant's Insurance Coverage been canceled or nonrenewed? ☐ Yes ☐ No ☐ N/A for Missouri domiciled applicants

If yes, provide date and reason: _____

List all known and / or reported accidents / losses for the current year and prior (3) years or attach detailed loss summary. Please include accident / loss information for Liability, Physical Damage, and Cargo. If additional space is needed attach A003 or summary with required info.

Policy Term		Insurance Company	Coverages Provided	Total # Accidents		Accidents with BI		Driver(s) Attach loss runs if multiple
From	To			#	Amount of Loss	#	Amount of Loss	

DRIVERS AND SAFETY

List all individuals that will be allowed to drive vehicles requested to be covered. Report all new drivers immediately to your agent.

Driver's Name	Date of Birth	License Number / Social Security Number	State	Years Driving Similar Equip	Date of Hire	# Convicted Viol / Acc Past 3 Years			# Convicted Violations Past Year
						Minor	Major	Acc	

14. Does applicant have written minimum driver hiring standards? ☐ Yes ☐ No Provide driver hiring standards / criteria below.

A. Minimum Age / Experience Driving Similar Equipment: _____ / _____ C. Maximum # of moving violations within last 3 years: _____

B. Major Violations: _____ D. Accidents: _____

15. Are all drivers employees of the applicant? If no , explain in Comments, page 4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Are driver trainees used? If yes , company approval is required prior to binding coverage.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. A. Are passengers ever allowed to ride in vehicles other than company employees? B. Are passengers under 19 years old allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	21. Are team, hot seat, slip seating or relay drivers used? If yes , explain in Comments, page 4.	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Is there a written passenger policy in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	22. Are accidents reviewed with driver with initiation of corrective or disciplinary action plan, if needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Is employee leasing for drivers utilized? If yes , explain in Comments, page 4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	23. Is there a written safety program currently in use? If 26+ units , attach copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are MVR's ordered and previous employment verified prior to hiring drivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	24. Are quarterly safety meetings conducted requiring driver attendance at least twice annually? (26+units)	<input type="checkbox"/> Yes <input type="checkbox"/> No

FILINGS

Base State: _____ Type of Filing Required (FMCSA, FORM E, FORM H, OVERSIZE / OVERWEIGHT, CITY, HAZARDOUS PERMITS)

Filing Required	Motor Carrier or Permit #	Applicant's Name and Address exactly as it appears on each Permit

VEHICLE INFORMATION

Section I – VEHICLE SCHEDULE

25. Total # of vehicles: Owned: _____ Leased without Drivers: _____ Owner Operators under Long Term Lease (6 months +) _____

ALL AUTOS OWNED OR LEASED BY YOU MUST BE SCHEDULED AND INSURED IF FILINGS ARE TO BE MADE.

Unit No.	Model Year	Trade Name	Serial Number Full Number is Required	Body Type*	GVW or GCW	Stated Value	Owned = O Leased = L

* POWER UNITS: TT=Tractor, TK=Truck

* TRAILERS: TLF=Flatbed, TLV=Dry Van, TLT=Tank, TLR=Refrigerated, TLD=Dump Belly, TLDH=Dump Hydraulic, TLL=Log, TLA=Auto, TLLS=Livestock

Section II – LIENHOLDER (LP) AND ADDITIONAL INSURED (AI) INFORMATION

Unit No.	Indicate LP / AI	Name	Street Address, City, State, Zip Code

Section III – VEHICLE USE QUESTIONS

EXPLAIN ANY "YES" ANSWERS IN COMMENT SECTION BELOW.

26. Are any autos used by family members not listed as drivers on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	31. Does applicant lend, lease, or rent owned power units to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Are any autos used for personal use by any officers or employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	32. Does applicant lend, lease, or rent owned trailers to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Does applicant pull double or triple trailers? What is % of trips? Doubles: _____ Triples: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	33. Does applicant interchange power units or trailers with other carriers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Does applicant own, lease, rent autos not listed on the vehicle list provided with application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	34. Any autos operating under applicants authority not included on vehicle list provided with this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Do other motor carriers trip lease to applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	35. Is there specialized equipment attached to any unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

COMMENTS

Question #	Comments

IF ADDITIONAL SPACE IS NEEDED FOR VEHICLES, LIENHOLDER / ADDITIONAL INSUREDS, DRIVERS, OR COMMENTS
ATTACH ADDITIONAL INFORMATION SUPPLEMENT A003 OR A SEPARATE SCHEDULE PROVIDING ALL REQUIRED INFORMATION.

STATE FRAUD WARNINGS

NOTICE TO OKLAHOMA APPLICANTS: WARNING: I UNDERSTAND ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO ALL OTHER STATES: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

APPLICANT AGREEMENT AND SIGNATURES

THIS APPLICATION MAY NOT BE USED TO BIND COVERAGE. COMPLETION OF THIS APPLICATION BY A PROSPECTIVE INSURANCE BUYER IS FOR THE PURPOSE OF TRANSMITTING INFORMATION ONLY. **COVERAGE WILL COMMENCE** ONLY UPON THE EFFECTIVE DATE OF A SEPARATE CONTRACT BINDING INSURANCE COVERAGE I.E. POLICY OR OFFICIAL BINDER FORM ISSUED BY AN AGENT AUTHORIZED BY MAXUM CASUALTY INSURANCE COMPANY.

I AUTHORIZE MAXUM CASUALTY INSURANCE COMPANY AND / OR THE PRODUCING AGENT TO OBTAIN A COPY OF MOTOR VEHICLE REPORTS FOR VERIFICATION OF THE INSURANCE FOR WHICH I HAVE APPLIED AND ANY RENEWAL THEREOF. I UNDERSTAND THAT IN OBTAINING A MOTOR VEHICLE REPORT, A CONSUMER REPORTING AGENCY MAY BE USED BY THE INSURER AND I AUTHORIZE SUCH USE. I CERTIFY ALL DRIVERS UNDER THIS POLICY HAVE AUTHORIZED ME TO CONSENT ON THEIR BEHALF FOR THE INSURER TO OBTAIN MOTOR VEHICLE REPORTS FOR UNDERWRITING.

I CERTIFY ALL INFORMATION IN THIS APPLICATION AND ANY ATTACHMENTS THERETO ARE TRUE AND AGREE A MISREPRESENTATION OF ANY OF THE FACTS BY ME WILL CONSTITUTE REASON FOR THE COMPANY TO VOID OR CANCEL ANY POLICY ISSUED ON THE BASIS OF THIS APPLICATION, AND WILL HOLD THE COMPANY HARMLESS FOR THE ACTION TAKEN.

PRINT NAME: _____ TITLE: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF AGENT: _____ DATE: _____

AGENCY NAME: _____ PHONE #: (____) _____



MAXUM CASUALTY INSURANCE COMPANY
TRUCKING PROGRAM APPLICATION

POLICY NUMBER: _____

INCEPTION DATE: _____ EXPIRATION DATE: _____ TAX ID # OR SSN: _____ PHONE: (____) _____

NAME OF INSURED: _____ DBA: _____ EMAIL: _____

GARAGING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____ FIRE DISTRICT (IF APPL): _____

BUSINESS (IF DIFF): _____ CITY: _____ STATE: _____ ZIP: _____

TYPE OF BUSINESS: ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC RANGE OF TRANSPORT: ☐ INTERSTATE ☐ INTRASTATE
TYPE OF CARRIAGE: ☐ TRUCKING FOR-HIRE ☐ TRUCKING PRIVATE ☐ DUMP ☐ PULPWOOD/LOGGING ☐ NON-TRUCKING
PROPERTY REGULATION: ☐ HAZARDOUS (REQUIRING LIABILITY LIMIT OVER \$1,000,000) ☐ NON-HAZARDOUS (REQUIRING LIABILITY LIMIT OF \$1,000,000 OR LESS)
YEARS IN BUSINESS: _____ YEARS AT CURRENT LOCATION: _____ HAVE YOU EVER FILED BANKRUPTCY (OR REORGANIZATION)? ☐ YES ☐ NO
DOES SUBMITTING AGENCY CURRENTLY WRITE THIS ACCOUNT? ☐ YES ☐ NO WHO IS THE CURRENT INSURER? _____

COVERAGE/LIMITS

AUTO LIABILITY LIMITS: <input type="checkbox"/> COMBINED BI/PD \$ _____ CSL <input type="checkbox"/> SPLIT BI \$ _____ PER PERSON BI \$ _____ PER ACCIDENT PD \$ _____ EACH ACCIDENT	
<input type="checkbox"/> EMPLOYER NON-OWNED LIABILITY (#EMPLOYEES) _____ <input type="checkbox"/> HIRED AUTO LIABILITY <input type="checkbox"/> NON-TRUCKING USE LIABILITY (LEASED TO) _____	
PHYSICAL DAMAGE DEDUCTIBLES: <input type="checkbox"/> COMPREHENSIVE \$ _____ OR <input type="checkbox"/> SPECIFIED PERILS \$ _____ <input type="checkbox"/> COLLISION \$ _____	
RENTAL REIMBURSEMENT: <input type="checkbox"/> SELECTED UNITS <input type="checkbox"/> ALL UNITS AMOUNT PER DAY \$ _____ <input type="checkbox"/> 30 DAYS OF COVERAGE <input type="checkbox"/> 120 DAYS OF COVERAGE	
CARGO LIMIT \$ _____ DEDUCTIBLE \$ _____ <input type="checkbox"/> DECLINE HIRED AUTO CARGO	
COMBINED DEDUCTIBLE (COVERAGE INCLUDED UNLESS DECLINED) <input type="checkbox"/> DECLINE <input type="checkbox"/> TRAILER INTERCHANGE MAXIMUM TRAILER VALUE \$ _____ #TRAILER DAYS _____	
<input type="checkbox"/> *UNINSURED MOTORISTS (UM) LIMITS: \$ _____ <input type="checkbox"/> *UNDERINSURED MOTORISTS (UIM) LIMITS: \$ _____ <input type="checkbox"/> *MEDICAL PAYMENTS LIMITS: \$ _____	
<input type="checkbox"/> *PERSONAL INJURY PROTECTION LIMITS: \$ _____ *COMPLETED SELECTION/REJECTION FORM(S) FOR UM, UIM, MED PAY AND NO-FAULT MUST ACCOMPANY THIS APPLICATION	

1. ARE FMCSA, PUC, OR OTHER FILINGS REQUIRED? ☐ YES ☐ NO (IF YES, COMPLETE FORM A-007 - REQUEST FOR FILING ACTION)
REFERENCE NUMBERS: FMCSA (MC) _____ STATE OF DOMICILE _____ DOT# _____ PUC# _____ STATE _____
ARE SPECIAL FILINGS REQUIRED? ☐ YES ☐ NO IF YES, EXPLAIN/DESCRIBE COMMODITIES: _____

2. DO YOU ARRANGE LOADS OR ACT AS A BROKER? ☐ YES ☐ NO IF YES, PROVIDE BROKERAGE REVENUE? \$ _____ AND DOCKET # _____

3. DO YOU HAUL LOADS FOR OTHER TRUCKERS? ☐ YES ☐ NO (IF YES, COMPLETE #A-B BELOW)
A. WHO DO YOU PRIMARILY HAUL FOR? _____ ☐ LONG-TERM CONTRACT ☐ TRIP-LEASE OPERATOR
B. UNDER WHOSE BILL OF LADING IS FREIGHT HAULED? _____ WHO PROVIDES INSURANCE? ☐ YOU ☐ OTHERS

4. DO YOU LEASE OR HIRE DRIVERS OR EQUIPMENT FROM OTHERS? ☐ YES ☐ NO (IF YES, COMPLETE #A-D BELOW)
A. ON WHAT BASIS? ☐ PERMANENT LEASE ☐ TRIP LEASE
B. IF PERMANENTLY LEASED, ARE AUTOS SCHEDULED ON THIS APPLICATION? ☐ YES ☐ NO (IF NO, ATTACH AN EXPLANATION)
C. HOW ARE AUTOS HIRED? ☐ WITH DRIVERS (COMPLETE FORM A-001) ☐ WITHOUT DRIVERS
D. IF TRIP LEASED, WHAT IS THE TOTAL COST OF HIRE? \$ _____ WHO PROVIDES INSURANCE? ☐ YOU ☐ OTHERS

5. INSURANCE HISTORY & LOSS EXPERIENCE:
A. LIST BELOW ALL KNOWN AND/OR REPORTED LOSSES (OR CLAIM WHERE NO LOSS PAYMENT WAS MADE) FOR THE CURRENT YEAR AND PRIOR (3) YEARS. CURRENT HARD COPY LOSS RUNS ARE REQUIRED FOR ACCOUNTS WITH MORE THAN ONE (1) LOSS OCCURRENCE IN ANY YEAR OR MORE THAN FIVE (5) POWER UNITS.

POLICY TERM (MM/YY)		INSURANCE COMPANY	TOTAL ACCIDENT OCCURRENCES		ACCIDENTS INVOLVING BODILY INJURY		PREMIUM	DRIVER
FROM	TO		#	AMOUNT OF LOSS	#	AMOUNT OF LOSS		

B. HAVE YOU EVER BEEN CANCELLED OR NON-RENEWED? ☐ YES ☐ NO IF YES, EXPLAIN WHY: _____

6. DRIVER INFORMATION -- ATTACH APPLICATION SUPPLEMENT OR DRIVER LIST INCLUDING REQUIRED INFO IF MORE THAN FIVE (5) DRIVERS

#	NAME	DATE OF BIRTH	LICENSE NUMBER	STATE	YEARS DRIVING SIMILAR EQUIP.	DATE OF HIRE	# VIOLATIONS - 3YRS		# VIOLATIONS PAST YEAR	# ACC. 3 YRS
							MINORS	MAJORS		
1										
2										
3										
4										
5										

7. SUMMARY OF EQUIPMENT OPERATED

TRUCK / TRACTOR TYPE (GVW)	OWNED	LEASED W/O DRIVERS	OWNER OPERATORS	YARD OR SERVICE	LOCAL 0 - 100	INTERMEDIATE 101 - 300	LONG 301-500	UNLIMITED 501 +	TOTAL UNITS
LIGHT (<10,000)									
MEDIUM (10-20,000)									
HEAVY (20-45,000)									
X-HEAVY (>45,000)									

DUMP (REAR / SIDE)									
SEMI-TRAILERS									

8. DO YOU PULL DOUBLE OR TRIPLE TRAILERS? ☐ YES ☐ NO IF YES, % OF OPERATION? _____ %
9. ARE ANY VEHICLES LAID-UP ON A REGULAR BASIS? ☐ YES ☐ NO IF YES, DESCRIBE _____

10. SCHEDULE OF AUTOS TO BE INSURED (IF YOU HAVE MORE UNITS, COMPLETE AND ATTACH APPLICATION SUPPLEMENT A-003 OR VEHICLE SCHEDULE)

#	MODEL YEAR	TRADE NAME	TRAILER TYPE (VAN, REFRIGERATED, FLATBED, DUMP, LOG, CAR HAULER)	VIN #	GVW/ GCW	STATED VALUE	OWNER'S NAME
1							
2							
3							
4							
5							

11. IS ALL OWNED EQUIPMENT SCHEDULED ON THIS APPLICATION? ☐ YES ☐ NO (IF NO, ATTACH AN EXPLANATION)
12. IS ALL EQUIPMENT UNDER YOUR AUTHORITY SCHEDULED ON THIS APPLICATION? ☐ YES ☐ NO (IF NO, ATTACH AN EXPLANATION)
13. COMMODITIES TRANSPORTED?

COMMODITY	PERCENT OF LOADS	MAXIMUM VALUE	COMMODITY	PERCENT OF LOADS	MAXIMUM VALUE	COMMODITY	PERCENT OF LOADS	MAXIMUM VALUE

14. WHAT IS THE AVERAGE RADIUS OF OPERATION? _____ MILES WHAT IS THE MAXIMUM RADIUS OF OPERATION? _____ MILES

15. REVENUE AND MILEAGE: •SUBMIT MILEAGE PRO-RATE SHEET (SCHEDULE B OR IFTA) WITH THIS APPLICATION AS IT IS REQUIRED PRIOR TO BINDING

YEAR	POLICY TERM	#UNITS	\$REVENUE	•MILEAGE
PROJECTED				
CURRENT				
1 ST PRIOR				
2 ND PRIOR				

16. PERCENTAGE OF ANNUAL MILEAGE FROM: LOADS SECURED THRU A FREIGHT BROKER? _____ % BOBTAIL/DEADHEAD? _____ %

17. ROADS, ROUTES AND DESTINATIONS:

- A. EST. % OF ANNUAL MILEAGE ON DIFFERENT ROAD TYPES: FREEWAY: _____ % 2-LANE & UNDIVIDED ROADS: _____ % OTHER: _____ %
- B. EST. % OF ANNUAL MILEAGE ON DEDICATED (BACK & FORTH) ROUTES: _____ % DESCRIBE ROUTE(S): _____

C. CHECK WHICH STATES YOU TRAVEL INTO OR THROUGH

<input type="checkbox"/> Alabama	<input type="checkbox"/> Georgia	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Mississippi	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Oregon	<input type="checkbox"/> Texas
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Florida	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Missouri	<input type="checkbox"/> New York	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Virginia
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Idaho	<input type="checkbox"/> Maryland	<input type="checkbox"/> Nevada	<input type="checkbox"/> North Carolina	<input type="checkbox"/> South Carolina	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Delaware	<input type="checkbox"/> Illinois	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Tennessee	<input type="checkbox"/> Washington

D. CHECK WHICH CITIES YOU DELIVER INTO

<input type="checkbox"/> Atlanta	<input type="checkbox"/> Chicago	<input type="checkbox"/> D.C.	<input type="checkbox"/> Las Vegas	<input type="checkbox"/> Milwaukee	<input type="checkbox"/> Philadelphia	<input type="checkbox"/> San Diego
<input type="checkbox"/> Baltimore	<input type="checkbox"/> Cincinnati	<input type="checkbox"/> Hartford	<input type="checkbox"/> Little Rock	<input type="checkbox"/> Mpls/St. Paul	<input type="checkbox"/> Pittsburgh	<input type="checkbox"/> San Francisco
<input type="checkbox"/> Birmingham	<input type="checkbox"/> Cleveland	<input type="checkbox"/> Houston	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> Nashville	<input type="checkbox"/> Portland	<input type="checkbox"/> Seattle
<input type="checkbox"/> Boston	<input type="checkbox"/> Dallas/Ft W	<input type="checkbox"/> Indianapolis	<input type="checkbox"/> Louisville	<input type="checkbox"/> New Orleans	<input type="checkbox"/> Richmond	<input type="checkbox"/> Tampa
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Denver	<input type="checkbox"/> Jacksonville	<input type="checkbox"/> Memphis	<input type="checkbox"/> New York City	<input type="checkbox"/> St. Louis	<input type="checkbox"/> Tulsa
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Detroit	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Miami	<input type="checkbox"/> Phoenix	<input type="checkbox"/> Salt Lake City	

E. LIST OTHER CITY DESTINATIONS:

1.	2.	3.	4.	5.	6.
----	----	----	----	----	----

18. HOW ARE DRIVERS COMPENSATED: ☐ HOURLY ☐ TRIP ☐ MILE ☐ OTHER _____
19. DRIVER HIRING & SAFETY PROCEDURES: ☐ NO COMPANY PROGRAM ☐ FOLLOW GENERAL RULES ☐ ADHERE TO FORMAL PROGRAM
20. ARE FAMILY MEMBERS ALLOWED TO RIDE IN THE TRUCK-TRACTOR WITH THE DRIVERS? ☐ YES ☐ NO

OTHER ITEMS ATTACHED TO THIS APPLICATION

- ☐ ADDITIONAL INFORMATION APPLICATION SUPPLEMENT ☐ DRIVER MVR'S
- ☐ PRIOR CARRIER LOSS RUNS FOR CURRENT AND 3 PRIOR YEARS ☐ RISK NARRATIVE
- ☐ MILEAGE PRO RATE SHEET – (SCHEDULE B OR IFTA) ☐ OTHER _____

I CERTIFY ALL INFORMATION ABOVE IS TRUE AND AGREE A MISREPRESENTATION OF ANY OF THE FACTS BY ME WILL CONSTITUTE REASON FOR THE COMPANY TO VOID OR CANCEL ANY POLICY ISSUED ON THE BASIS OF THIS APPLICATION, AND WILL HOLD THE COMPANY HARMLESS FOR THE ACTION TAKEN. I ALSO AGREE THAT IF A POLICY IS ISSUED PURSUANT TO THIS APPLICATION, THE APPLICATION AND ANY ELECTIONS OR REJECTIONS, WHICH ARE ON THE APPLICATION AND SIGNED BY ME, SHALL BECOME A PART OF THE POLICY.

I UNDERSTAND ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

I AUTHORIZE MAXUM CASUALTY INSURANCE COMPANY AND/OR THE PRODUCING AGENT TO OBTAIN A COPY OF MOTOR VEHICLE REPORTS FOR VERIFICATION OF THE INSURANCE FOR WHICH I HAVE APPLIED AND ANY RENEWAL THEREOF. I UNDERSTAND THAT IN OBTAINING A MOTOR VEHICLE REPORT, A CONSUMER REPORTING AGENCY MAY BE USED BY THE INSURER AND I AUTHORIZE SUCH USE. I CERTIFY ALL DRIVERS UNDER THIS POLICY HAVE AUTHORIZED ME TO CONSENT ON THEIR BEHALF FOR THE INSURER TO OBTAIN MOTOR VEHICLE REPORTS FOR UNDERWRITING.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF AGENT OF APPLICANT _____ DATE _____

AGENCY NAME _____ PHONE # () _____ FAX # _____ EMAIL _____

ADDITIONAL INFORMATION SUPPLEMENT

Applicant Name: _____

INSURANCE HISTORY AND LOSS EXPERIENCE

Policy Term		Insurance Company	Coverages Provided	Total # Accidents		Accidents with BI		Driver(s) Attach loss runs if multiple
From	To			#	Amount of Loss	#	Amount of Loss	

DRIVERS

Driver's Name	Date of Birth	License Number / Social Security Number	State	Years Driving Similar Equip	Date of Hire	# Convicted Viol / Acc Past 3 Years			# Convicted Violations Past Year
						Minor	Major	Acc	

VEHICLES

Unit No.	Model Year	Trade Name	Serial Number Full Number is Required	Body Type*	GVW or GCW	Stated Value	Owned = O Leased = L

LIENHOLDER (LP) AND ADDITIONAL INSURED (AI) INFORMATION

Unit No.	Indicate LP / AI	Name	Street Address, City, State, Zip Code

COMMENTS

Question #	Comments

MAXUM CASUALTY INSURANCE COMPANY
TRUCKING PROGRAM APPLICATION
ADDITIONAL INFORMATION SUPPLEMENT

POLICY NUMBER _____

NAMED INSURED: _____ EFFECTIVE DATE _____

6. DRIVER INFORMATION

#	NAME	DATE OF BIRTH	LICENSE NUMBER	STATE	YEARS DRIVING SIMILAR EQUIP.	DATE OF HIRE	# VIOLATIONS - 3YRS		# VIOLATIONS PAST YEAR	# ACC. 3 YRS
							MINORS	MAJORS		
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

DRIVER EMPLOYMENT HISTORY: IF YOU HAVE NOT HAD INSURANCE FOR THE PAST TWO YEARS IN YOUR NAME, PROVIDE THREE (3) YEARS EMPLOYMENT HISTORY FOR EACH DRIVER (USE FORM A005 FOR ADDITIONAL DRIVERS). DO NOT INDICATE "SELF-EMPLOYED" UNLESS YOU HAVE HAD INSURANCE IN YOUR NAME.

#	NAME	PRIOR EMPLOYMENT & FULL ADDRESS	DATES OF EMPLOYMENT		TYPE OF UNIT
			FROM	TO	

10. SCHEDULE OF AUTOS TO BE INSURED

#	MODEL YEAR	TRADE NAME	TRAILER TYPE (VAN, REFRIGERATED, FLATBED, DUMP, LOG, CAR HAULER)	VIN #	GVW/GCW	STATED VALUE	OWNER'S NAME
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

LEINHOLDER INFORMATION

#	NAME	STREET ADDRESS	CITY	STATE	ZIP



PREMIUM AND LOSS SUMMARY

Applicant Name: _____

LIABILITY								
Insurance Co. & Policy	Valuation Date	Policy Term	Premium	# of Units	# of Losses	PAID	RESERVES	Loss Ratio
TOTALS								

PHYSICAL DAMAGE								
Insurance Co. & Policy	Valuation Date	Policy Term	Premium	# of Units	# of Losses	PAID	RESERVES	Loss Ratio
TOTALS								

CARGO								
Insurance Co. & Policy	Valuation Date	Policy Term	Premium	# of Units	# of Losses	PAID	RESERVES	Loss Ratio
TOTALS								

PREMIUM & LOSS SUMMARY

ACCOUNT NAME	
LOCATION	DATE

LIABILITY								
Insurance Co. & Policy	Valuation Date	Policy Term	Premium	# of Units	# of Losses	PAID	RESERVES	Loss Ratio
TOTALS								

PHYSICAL DAMAGE								
Insurance Co. & Policy	Valuation Date	Policy Term	Premium	# of Units	# of Losses	PAID	RESERVES	Loss Ratio
TOTALS								

CARGO								
Insurance Co. & Policy	Valuation Date	Policy Term	Premium	# of Units	# of Losses	PAID	RESERVES	Loss Ratio
TOTALS								

Applicant Name: _____

GENERAL INFORMATION

1. Is owner a driver? ☐Yes ☐No
2. How long have you been driving the same type auto(s) as scheduled on application? _____
3. Have you previously owned equipment? ☐Yes ☐No **If yes,**
 - A. How long? _____ # of owned autos: _____
 - B. Did you have Non-Trucking and / or Physical Damage Coverage in your name? ☐Yes ☐No **If yes,**
 - C. Insurance Carrier: _____ Policy Term: _____
 - Losses: ☐Yes ☐No **If yes,** details: _____
4. Do you expect to increase the number of autos within the next 12 months? ☐Yes ☐No **If yes,** details: _____
5. Will you be hauling for the same shippers used while employed or under lease? ☐Yes ☐No **If no,** details: _____
6. Will you be hauling similar commodities? ☐Yes ☐No **If no,** details: _____
7. Will you be operating same routes? ☐Yes ☐No **If no,** details: _____
8. How many accidents have you been involved in (at fault & not at fault) over the last 3 years? _____
9. Applying for Authority? ☐Yes ☐No **If no,** when? _____

PRIOR EXPERIENCE

10. Provide prior experience for the past 6 years.

Company Leased to or Employed By	Phone #	Dates of Employment	Indicate Employee = E Leased = L	Unit Type	Commodities	Radius

This supplement is a part of the Maxum Casualty Application (A002) and will be relied upon by the company as an integral part of the application. All Notices and Insured Agreements listed and acknowledged by you on the application also apply to information provided in this supplement.

Print Name

Title

Signature of Applicant

Date

SERFF Tracking Number: *MXCC-125977108*

State: *Arkansas*

Filing Company: *Maxum Casualty Insurance Company*

State Tracking Number: *EFT \$50*

Company Tracking Number: *AR-TRK-F-008*

TOI: *09.0 Inland Marine*

Sub-TOI: *09.0005 Other Commercial Inland Marine*

Product Name: *2009 Forms Filing (1)*

Project Name/Number: *AR-TRK-F-008/*

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>MXCC-125977108</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Maxum Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-TRK-F-008</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>2009 Forms Filing (1)</i>		
<i>Project Name/Number:</i>	<i>AR-TRK-F-008/</i>		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	01/08/2009
-------------------------	------------------------------------------------------	-----------------------------------	------------

Comments:

Attached please find P&C Transmittal document for this filing.

Attachment:

Forms Filing Memo - AR IM.pdf

Property & Casualty Transmittal Document

Reset Form

**1. Reserved for Insurance
Dept. Use Only****2. Insurance Department Use only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

3. Group Name**Group NAIC #**

10784

4. Company Name(s)**Domicile****NAIC #****FEIN #****State #**

Maxum Casualty Insurance Company

DE

10784

58-2281249

5. Company Tracking Number

AR-TRK-F-008

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]**6. Name and address****Title****Telephone #s****FAX #****e-mail**

David M. Green

Vice President and
General Counsel

678-597-4670

678-597-4501

dgreen@mxmsig.com

6455 E. Johns Crossing
Suite 325
Duluth, GA 30097**7. Signature of authorized filer****8. Please print name of authorized filer**

David M. Green

Filing information (see General Instructions for descriptions of these fields)**9. Type of Insurance (TOI)**

09.0 Inland Marine

10. Sub-Type of Insurance (Sub-TOI)

09.0005 Other Commercial Inland Marine

11. State Specific Product code(s)(if applicable)[See State Specific Requirements]**12. Company Program Title (Marketing title)**

Commercial Auto Trucking Program

13. Filing Type
☐ Rate/Loss Cost ☐ Rules ☐ Rates/Rules
☒ Forms ☐ Combination Rates/Rules/Forms
☐ Withdrawal ☐ Other (give description)
14. Effective Date(s) Requested

New: Upon Approval

Renewal: Upon Approval

15. Reference Filing?☐ Yes ☒ No**16. Reference Organization (if applicable)**

N/A

17. Reference Organization # & Title

N/A

18. Company's Date of Filing

N/A

19. Status of filing in domicile
☒ Not Filed ☐ Pending ☐ Authorized ☐ Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # AR-TRK-F-007

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

I. FILING BASIS

This memorandum is an explanation of new forms and changes to existing forms.

II. FORMS CHANGES

A002 (01/09) TRUCKING PROGRAM APPLICATION replaces A002 (09/04)

This application is used when applying for insurance. It has been significantly modified and reformatted in an effort to improve readability and provide additional space for the applicant to complete requested information. In addition:

- State specific requirements were consolidated into one application; specifically State Fraud Warnings
- Questions have been added, reformatted or moved to better capture information needed to effectively underwrite exposure
- Added "Filings" Section
- Added "Lienholder (LP) and Additional Insured (AI)" Section
- Added "Comments" Section
- Changes have been made to the "Applicant Agreement and Signatures" section clarifying that the application may not be used to bind coverage.

A003 (01/09) ADDITIONAL INFORMATION SUPPLEMENT replaces A003 (09/04)

This supplement has been reformatted in an effort to improve readability and provide additional space for the applicant to complete requested information. In addition:

- Added "Insurance History and Loss Experience" Section
- Added "Comments" Section
- Added "Additional Insured" to "Lienholder (LP) and Additional Insured Information(AI)" Section.
- Removed "Employment History" Section as this information is now captured in New Venture Supplement (A053) (01/09).

A006 (01/09) PREMIUM AND LOSS SUMMARY replaces A006 (09/04)

This supplement has been reformatted in an effort to provide additional space for applicant to complete requested information.

A053 (01/09) NEW VENTURE SUPPLEMENT is new.

This supplement is completed when applying company has been in business for less than two years.

[View Complete Filing Description](#)

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: N/A

Amount: N/A

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AR-TRK-F-007			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	New Venture Supplement	A053 (01 09)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Premium and Loss Summary	A006 (01 09)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	A006 (09 04)	AR-TRK-F-001
03	Trucking Program Application	A002 (01 09)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	A002 (09 04)	AR-TRK-F-001
04	Additional Information Supplement	A003 (01 09)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	A003 (09 04)	AR-TRK-F-001
05			<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
-----------	--------------------------------------------------------------	--

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
-----------	-----------------------------------------------------------------------------------------------------------------	--

☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	------------------------------------------------------------------------	--

4a.	Rate Change by Company (As Proposed)
------------	---------------------------------------------

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
------------	----------------------------------------------------------------

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
-----------	------------------------------------------------------------------------------

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
-----------	-------------------------------------------------	--

7.	Effective Date of last rate revision	
-----------	---------------------------------------------	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--------------------------------------------------------------------------------------	--

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	